

**STRICTLY PRIVATE AND CONFIDENTIAL**

**Request to place a Patient on the Violent Patient Scheme**

Before completing this form please read the following information:

* This form will be used by the Violent Patient Service provider to assess whether a patient is suitable for an initial assessment with a view to placement on the service. Note completion of this form does not mean a patient will automatically be placed on the violent patient service.
* The placement of a patient on to the Violent Patient Service is a serious matter and should only be considered in exceptional circumstances. Information provided on the form should be accurate, detailed and supported by the evidence listed on the form.
* The form MUST contain a Police reference number and be signed by the lead clinician.
* Forms that are considered inadequate will be sent back to the referring practice before they are assessed by the Violent Patient Service.
* It is the practice’s responsibility to action any removal of the patient from the list and to inform the patient.

The Practice should complete this form as fully as possible and email to the Patient Registration Team at Primary Care Support England (PCSE) pcse.immediateremovals@pcse.nhs.net

**PRACTICE DETAILS**

|  |  |
| --- | --- |
| K number and name of Practice |  |
| Name and job title of person completing this form |  |
| Contact details |  |

1. **PATIENT DETAILS**

|  |  |
| --- | --- |
| Name of patient |  |
| Patient’s date of birth |  |
| Patient’s address |  |
| Patient’s NHS number |  |
| How long has the patient been registered with the practice? |  |
| Does the patient have any dependants, a spouse or partner who are registered at the practice? |  |
| Does the patient have a disability? | If yes, please give details. |
| Is the patient blind or visually impaired, have learning disabilities or does not speak English. | Yes/No *Patients with these characteristics will need alternative arrangements to communicate with them about the violent patient service. If yes, please provide details in the space below including what measures the practice has used to communicate with this patient.*  |
| Has the patient a mental health or substance abuse problem? | Yes/No*If yes, please give details including any specialist services the patient is currently accessing.*  |
| Has the patient been warned about their behaviour in the practice on a previous occasion, or have a code of conduct in place? | Yes/No*If Yes please give details of:** *Measures the practice has taken to manage the patient’s behaviour.*
* *Details of any incident that has led to a verbal or written warning being given or code of conduct being put in place.*

*Please attach copies of any letters, code of conduct, entry in the medical record relating to these.*  |

1. **INCIDENT DETAILS**

|  |  |
| --- | --- |
| **Police Reference Number (URN)***The Police URN is essential for this form to be processed further.* |  |
| Please give a full description of the incident, including where the incident took place in the practice. |  |
| Which members of staff were present and witnessed the incident. | *Please attach copies of any witness statements.* |
| Were any members of staff physically harmed ? | Yes/No*If yes, please give details.* |
| Were other patients or members of the public present at the time of the incident? | Yes/No*If they were injured as a result of the incident please give details.*  |
| Did the incident result in any damage to the premises? | Yes/No*If yes, please given a brief description of the damage and, if possible, attach a photograph.* |
| Did the patient make any comments relating to any of the protected characteristics\* as defined by the Equality Act 2010? \*Age, disability, gender and gender re-assignment, marital status, pregnancy and maternity and sexual orientation. | Yes/No*If yes please give brief details of what was said and to whom it was directed.*  |
| Did the patient threaten, or insinuate physical harm? | Yes/No*If yes please give brief details of what was said and to whom it was directed.* |
| Was any other verbal abuse given by the patient to staff members, patients or members of the public.  | Yes/No*If yes please give brief details of what was said and to whom it was directed including how it was communicated (for example, telephone, email, graffiti). For written communication please attach a copy.*  |
| Please detail how the incident has been dealt with in the practice. | *Include:** *how the decision to request placement on the violent patient service has been reached within the practice.*
* *Details of any significant event, impact assessment or practice meeting that has been done on the incident. Please attach copies.*
 |
| Please add any further information you feel may be relevant to consideration of placing the patient on the Violent Patient Service. Attach evidence if appropriate.  |  |

**Signed**

(this must be a Senior Clinician)

**Position**

**Date**